

APPLICATION FOR RECORDS RETENTION SCHEDULE

850610-04

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date 9/30/83		Division of Public Health Community Health Section Adult Health Unit 878 Peachtree St. NE - Room 709 Atlanta, Ga. 30309		Application Number 78-88-A	
Application Number 83-15				Date Received JUN 10 1985	
				Date Completed OCT 31 1985	
2. Person to Contact Kathy Bush			Working Title		Telephone Number 894-5123
3. Action Requested					
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.					
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. Change retention instructions					
c. <input checked="" type="checkbox"/> Amend Application No. 78-88 Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void					
4. Dates of Series		5. Records Series Title (followed by title used in office, if different)			
Earliest 1980	Latest continuing	Kidney Disease Program Client Files			
6. Division and Office Function		What is the function of the Division and the Office in which this record series is created?			
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.					
Documents relating to:					
Included are:					
File is arranged:					
8. Monthly Reference Rate					
One to six months old <u>4</u> ; Seven to twelve months old <u>2</u> ; Thirteen to twenty-four months old <u>0</u> ;					
twenty-five months and older <u>0</u> ?					
9. Annual Rate of Accumulation or Records					
Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (Specify) <u>450 ft.</u>					

If not, where is it?

b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation. Privacy Act of 1974 - Public Law 93-579 - Section 552a - Records maintained on individuals

c. Is this a vital record?

d. Does this series have historical or long term research value?

e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?

f. Is the information contained in this series ever published? If yes, attach copy.

g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.

h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?

i. Is this series (or a major portion of it) regularly microfilmed?

j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law _____ years.
b. Statute of limitation _____ years.
c. Federal law _____ years.

d. Audit period _____ years.
e. Administrative need _____ years.
f. Federal retention instructions _____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approval Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) 1 year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☒ Transfer to State Records Center; hold 4 year(s); then

☒ Destroy

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)

Date

Records Management Officer (Signature)

Date

Kathy W. Bush

9/27/83

Paul V. Murphy

9/15/83

State Records Committee (Signature)

Date

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

State Auditor/Designee

James A. Smith

10/10/85

Secretary of State/Designee

Edward Weldon

10/8/85

Attorney General/Designee

James H. Smith

10/30/85

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address	Application Number	
DHR - 18	DHR	78-88	
Application Number	Division of Physical Health	Date Received	Date Completed
5-15-78	Patient Services-Kidney Disease Control Unit	MAY 15 1978	MAY 23 1978
	618 Ponce de Leon		
	Atlanta, Ga. 30334		

3. Action Requested

a. ☒ Establish Retention Schedule; record will continue to accumulate.

b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☐ Amend Application No. _____ Check One: ☐ Change; ☐ Supersede; ☐ Void

6. Division and Office Function What is the function of the Division and the Office in which this record series is created?
Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

7. Record Series Description This file contains the following documents (include form numbers and titles, if any):
Attach samples of the file.

Files are arranged alphabetically by dialysis center name, thereunder alphabetically by client name.

8. Monthly Reference Rate _____ How often are records referred to which are:
One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____;
twenty-five months and older _____?

(Over)

Confidential medical information

X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>Dialysis Center, Accounting</u>
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	cl. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	<u>7</u> years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instruction:

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other _____ then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Cut-off file at the end of the fiscal year, hold in current files area for 2 years, then transfer to State Records Center, hold 5 years then destroy.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<u>E. Patricia Brown</u>	<u>5/5/78</u>	<u>Will J. M. D. RMO</u>	<u>5-8-78</u>

State Records Committee (Signature)		Date
State Auditor/Designee	<u>[Signature]</u>	<u>5-22-78</u>
Secretary of State/Designee	<u>Caree Hart</u>	<u>5-18-78</u>
Attorney General/Designee	<u>[Signature]</u>	<u>5-22-78</u>

Recommendations in paragraph 12 are approved. If disapproved, attach letter of explanation.